



# WAUPUN AREA CHAMBER OF COMMERCE MEMBERSHIP APPLICATION

Please complete the information below, including the number of part-time & full-time employees. The primary contact will be considered the voting member that represents the entire entity or organization. If this contact should change, please let the Executive Director know in a timely manner. All dues are invoiced on a calendar year basis. Partial dues are prorated after the first full calendar year of membership.

Organization Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Physical Address: \_\_\_\_\_ PO Box: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

### BILLING/MAILING

Is billing address the same as above? If not, please complete the following:

Billing Name (Parent/Corporate Offices): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Use these charts to calculate your annual investment:

*NOTE: Employees working over 20 hours are considered 1 employee. Employees working under 20 hours are considered ½ employees. PI*

# of Employees: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

1-2 Employees	\$100.00
3-6 Employees	\$150.00
7-10 Employees	\$205.00
11-15 Employees	\$255.00
16-22 Employees	\$395.00
23-50 Employees	\$515.00
51-100 Employees	\$725.00
101+ Employees	\$1,045.00

Associate	\$80.00
- Includes non-profits, churches, & schools	
Financial Institution: \$100 per year, plus \$20.00 for each \$1 million dollars of deposits (\$1,045 maximum).	

Total Membership Investment: \$ \_\_\_\_\_



## WAUPUN AREA CHAMBER OF COMMERCE MEMBERSHIP APPLICATION

If you are a new business or have undergone a restructuring, expansion or other major change to your business that needs to be updated, please fill out the information below.

Year of Establishment: \_\_\_\_\_

As a new member/investor of our Chamber, we invite you to give a short biography that can be used when contacted by media and others to help us adequately and accurately describe your business. Please include the services offered.

---

---

---

---

---

Our monthly e-blasts are a great way for you to GET and to GIVE information! All Chamber Member employees are welcome to receive this tool. Please list below any names and email addresses of employees who would also like to receive the Chamber newsletter, beyond just the primary contact. And don't forget to email us when you have important news to share, so we can include it!

First Name	Last Name	Email Address

The Chamber is a great way to get involved in the community & work with other businesses:

I am interested in:

- |   |   |
|---|---|
| <input type="checkbox"/> Avenue of Angels Committee | <input type="checkbox"/> Networking Committee |
| <input type="checkbox"/> Golf Outing Committee      | <input type="checkbox"/> Brau Bash Committee  |
| <input type="checkbox"/> Board of Directors         | <input type="checkbox"/> Waupunies Committee  |

Please Mail or Drop off application and membership investment to:  
Waupun Area Chamber of Commerce, 201 E Main Street Waupun, WI 53963.

Thank you for joining the Waupun Area Chamber of Commerce!